Form 4. Affidavit Accompanying Motion for Permission to Appeal In Forma **Pauperis**

United States District Court for the	District of
A.B., Plaintiff	
v.	Case No.
C.D. Defendant	

C.D., Defendant	
Affidavit in Support of Motion	Instructions
I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C § 1621.)	Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.
Signed: Jamoch Lynas	Date: 9-20-06

Signed: Mour Marient

My issues on appeal are:

(a) For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

	Average monthly amount during the past 12 months		Amount expected next month	
Income source Employment	You \$	Spouse \$ N.A	You \$	Spouse \$ <i>DA</i>
Self- employment	s <u> </u>	s_ <i>N</i> .A	\$_ <i>O</i>	\$ <u>N-A</u>
Income from real property (such as rental income)	s	\$_ VA	\$ 6	s NA
Interest and dividends	sO_	s <u>NA</u>	\$ <u> </u>	s NA

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Gifts	s	s <i>N.A</i>	s <i>O</i>	s NA
Alimony	s <i>O</i>	\$ <u>N.A</u>	\$	s NA
Child support	s <i>O</i>	SNA	sO	s/VA
Retirement (such as social security, pensions, annuities, insurance)	s_0_	s <u>NA</u>	s_ <i>D</i> _	s. <i>N</i> .A.
Disability (such as social security, insurance payments)	ş_ <u>©</u>	s NA	\$_ <i>O</i> _	s NA
Unemploy- ment pymts.	s_ <i>O</i>	\$NA	\$ <u> </u>	s <u>NA</u>
Public- assistance (such as welfare)	s_ <u>6</u> _	s <u>NA</u>	\$	s <u>NA</u>
Other (specify):	\$ <u>0</u>	s_ <i>NA</i> _	s <i>6</i>	s NA
Total monthly income:	<u>\$_6_</u>	s.NA	\$	s NA
List your employ her deductions.) Employer		Address	Dates of	Gross monthly pay

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3. List your spouse's employee's employee taxes or other de	loyment histo	ory, most recent	employer first. (Gro	ss monthly pay is		
Employer		Address	Dates of			
NA.	A)	'. A	employmer	4 4 4		
/1		8 /	1 "	11		
//	l	* #	1,	11		
4. How much cash do you	and your spe	ouse have?	s N.A.	NONE		
Below, state any money ye institution.	ou or your sp	ouse have in bar	ık accounts or in any	y other financial		
Financial institutio	n Typ	e of account	Amount you have			
N.A		U.A.	\$ <i>O</i> \$	spouse has \$		
			\$ \$	\$\$		
you have been in mul 5. List the assets, and and ordinary house	their values,	which you own				
Home	(Value)	Other real esta	te (Value)	American Company		
NONE			11	(Value)		
				Make & year: <u>CHOVY</u> BIAZER Model:		p. o.lina
	······································			Registration ?	Surles	By police
Motor vehicle #2 (Value)		Other assets (Value)		Other assets (Value)		
Make & year:		N	ONE	, <u> </u>		
Model:						
Registration #:		 				

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6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money MONE	Amount owed to you	spouse	Amount owed to your spouse	
7. State the persons who rely on you Name MONE	Relationsh		/\dagge	
8. Estimate the average monthly exp by your spouse. Adjust any payme annually to show the monthly rate	nts that are made weekly,			
Rent or home-mortgage payment (include lot rented for mobile home) Are real-estate taxes included? Is property insurance included?		s_ Ø_	\$	
Utilities (electricity, heating fuel, water, sewer,	and Telephone)	s_ O	s <u>6</u>	
Home maintenance (repairs and upkee	p)	\$ <u></u>	\$_ & _	
Food		so_	s <i>W.A</i>	
Clothing		s_6_	s NA	
Laundry and dry-cleaning		\$_ <i>O</i> _	s NA	
Medical and dental expenses		s <i>O</i>	s NA	
Transportation (not including motor ve	ehicle payments)	s <u> </u>	s MA	
Recreation, entertainment, newspar	oers, magazines, etc.	s_ <i>&</i> _	\$NA	
Insurance (not deducted from wages of Mortgage payments)	r included in	\$ <i>D</i>	\$ <u>NA</u>	
Homeowner's or renter's		s	s NA	
Life		s_O_	s NA	

Health	\$_ <i>O</i>	s NA
Motor Vehicle	sØ	\$NA
Other: DONE	\$ <u>`</u>	s NA
Taxes (not deducted from wages or included in Mortgage payments) (specify):	\$ <i>D</i>	s NA
Installment payments	s <u>O</u> _	s NA
Motor Vehicle	s_B_	s NA
Credit card (name):	sQ	s NA
Department store (name):	s <i>B</i>	SUA
Other:	s	s <u>N4</u>
Alimony, maintenance, and support paid to others	s <i>D</i>	\$MA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$NA
Other (specify): WONE	sO	s NA
Total monthly expenses:	\$ &	s NA
9. Do you expect any major changes to your monthly income or expenyour assets or liabilities during the next 12 months? □ Yes □ No □ If yes, describe on an		
10. Have you paid — or will you be paying — an attorney any money in connection with this case, including the completion of this form Yes □		
If yes, how much? \$		
Nove		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the
completion of this form?
GYes ONO
If yes, how much? \$
If yes, state the person's name, address, and telephone number:
NONE
12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. Sentenced to SAIL FOR 24 YEARS And NAVE NO FAMILY.
13. State the address of your legal residence.
Nove
Your daytime phone number: () HALMWA PRISON
Your age: 38 Your years of schooling: 12
Your social-security number: $576 \cdot 02 \cdot 8251$